SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR	LINE	NUMBER	: [PAGE	2 0	OF Z		
(check only one)							
X	11a -	11b	11c	12			
Г	13	14	15	16	17		

ITEMIZED RECEIPTS	for each category of the Detailed Suramary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	nts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
International Chiropractor	rs Association Polit	cical Action Committee	
Full Name (Last, First, Middle Initial)			
A. Larocca, Michael	Date of Receipt		
Malling Address 2288 Drew Street, Suite C			
City Start Clearwater	Amount of Foot Provided to		
·	FL 33765	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	en l'enduciónsilo distributión	500.00	
self-employed Doc	upation ctor of Chiropractio		
	regate Year-to-Date ▼		
	and the second s		
other (specify) ▼ committee donation	500.00		
Full Name (Last, First, Middle Initial) B.		Date of Receipt	
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City	ate Zip Code	Amount of Each Pagaint this Pagaint	
FEC ID number of contributing federal political committee.	and and the second of the seco	Amount of Each Receipt this Period	
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Primary General	regate Year-to-Date ▼		
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Name of Employer Occ	upation		
Receipt For: Agg	regate Year-to-Date ▼	7	
Primary General	kan alamatan an akamban ilan ilan an ilan a		
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SUBTOTAL of Receipts This Page (optional)			
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TOTAL This Period (last page this line number only)......